

CLAIMS ONLY

Application Number	Filing Date
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Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51			
2		/					52			
3		/					53			
4		/					54			
5		/					55			
6		/					56			
7	/						57			
8		/					58			
9		/					59			
10		/					60			
11		/					61			
12		/					62			
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18		/					68			
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36		/					86			
37	/						87			
38		/					88			
39		/					89			
40		/					90			
41		/					91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total							Total			
Indep							Indep			
Total							Total			
Depend							Depend			
Total							Total			
Claims							Claims			